

Child Hygiene or Pre-Natal Conference. On the first visit, the mother is given individual instruction on family diet, or fundamental pre-natal diet. Pleased with this friendly contact, she returns each month for new teaching on seasonal foods, their care, preparation, and use.

2. Influx of racial groups with dietary habits peculiar to them.

Using nutritionally desirable foods peculiar to a racial group, we teach improved methods of preparation to retain food values, plus the addition of locally available foods to make a more adequate diet. All possible methods are being used to introduce good habits in nutrition to racial groups, especially Mexicans and Negroes.

3. Shopping difficulties, with pressure of time and rationing.

Mothers, formerly full-time in the home, could use plentiful, inexpensive foods requiring a long time to prepare, but must now get dinner in 30 minutes. Advance menu planning and shopping, use of prepared foods, shortcuts, omission of nonessentials, and distribution of work among members of family, are emphasized in every way possible.

4. Unpredictable surpluses that flood the market or tax storage facilities.

Reminders are issued to use seasonal surpluses, and new methods of preparation are taught to relieve monotony.

5. Wives of service men living alone, in small rooms, or hotels, have irregular and inadequate diets.

Attention is given individual's problem. For those who eat out, suggestions are made on choices in restaurants to secure better diet, and on selection of extra foods, such as orange, tomato; carrot, pint of milk, etc., that may be eaten in the room.

6. Point of interest has changed.

PRICES NO LONGER DETERMINE DIET

Economy no longer appeals to a family who have five pay checks instead of one. We find strawberries at 50c a basket being used by large families who may have no milk or vegetables in the day's diet. Greater means doesn't always provide better nutrition, but more often indulgence in luxuries. The need for education is reemphasized. To which appeal are they receptive? Is it health, beauty, pride, fear of consequences? Methods employed by advertiser and merchandiser may give us clues.

On the other hand, stationary incomes are causing severe nutritional problems in families that formerly ate adequately, but now need help in wise choice of foods for rounded diet.

7. Failure of some members of allied professional workers to realize that they should bring their nutrition information up-to-date, and make it a part of their daily practice and teaching.

In some instances it is necessary to awaken professional workers to the great contribution

good nutrition may make to their well-being and teaching. A simplified evaluation of their diets reveals deficiencies they did not realize existed, and increases their interest in new interpretative material they may use. Current information on seasonal foods is brought to them, for example: when oranges are scarce, new green cabbage at 5c per pound offers a more efficient source of Vitamin C than tomatoes at 25c per pound. With an exhibit of actual foods that form the foundation of a daily diet before them, they realize that unless one has a good breakfast that includes cereal, milk, and fruit, eats at least one vegetable at lunch, and drinks milk at a second meal, all of the dietary essentials are not included in the individual's diet.

PROJECTS FOR PROFESSIONAL GROUPS

Projects started that require coöperation of professional groups:

(1) A simple presentation of the fundamental diet, using nutritionally desirable foods enjoyed by Mexicans, plus those needed to make an adequate diet is being developed. This will be pictorial in nature, with interpretative Spanish idioms used correctly.

(2) A laboratory class in simple food preparation for expectant mothers, including interpretation of a normal, prenatal diet; a good diet for the family, with emphasis on adapting family diet to the growing child, is being arranged. This will be given in adult education in strategic areas. It will cover subject matter the physician and nutritionist consider desirable. It should reach the wives of service men awaiting the birth of their babies, and should include the private patients who have had no opportunity to cook or plan for family feeding.

This class will be valuable in the nutritional training given mothers at the opportune time, when it benefits both mother and baby. It will supplement the individual instruction which the very busy physician has given the mother. It will be effective only if the physician requires the mother to attend, as a part of her prenatal preparation, for her own well-being and the good health of her future family.

Let us all apply the principles of good nutrition in our daily living, if we expect to maintain leadership in public health teaching.

NECESSARY OFFICIAL MACHINERY FOR THE CONTROL OF TUBERCULOSIS*

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IT was pointed out that the legal responsibility for the control of tuberculosis, a communicable disease, is upon the official health authority. The growth of full-time county health units during the past three decades was outlined. It was pointed out that a well-organized, full-time local

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(county or city) health department, adequately staffed with trained personnel, should be the most important agency in the control of tuberculosis.

LET'S DELIVER*

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THERE is not known today any pill, powder or potion which will cure tuberculosis. Yet tuberculosis could be controlled in the matter of a few years if—and there is where health education comes in—if the facts we now know about the disease were known to and used by all.

Roughly there are two groups to whom these facts must be given, and given in a manner that will prompt those people to act both as individuals and as a group, upon those facts.

These two groups are: first, the sick; and second, the well. The sick must know the facts about tuberculosis and must act on those facts in order that they do not spread their disease in themselves and among others. The well must know the facts about tuberculosis, and must act on those facts in order that they do not become sick. How do we reach these groups?

The sick person who has not been examined is, as far as the health educator knows, well. We do not know he is sick, although he himself may suspect that he is. But the sick person we know to be sick can be reached through the physician, the nurse, the sanatorium employee. Note that I said employee, because, properly guided by competent medical advice, the lay worker in the sanatorium, hospital, or health agency can oftentimes "get to" the patient when the professional worker cannot.

ASSISTANCE TO OTHER WORKERS

It transpires that we in tuberculosis associations should be seeing to it that both the professional and the lay worker in our agency, and in the health department and the hospital and sanatorium, have the materials and the methods to get the facts across to the patient, and through him to his family and friends who visit him.

The well person, other than the patient's family, is harder to reach. Dr. G. Lynde Gately once said that "time and effort would be wasted in urging the people of a section to solve a problem that is nonexistent in that section." We don't have to worry about tuberculosis being nonexistent in the area served by any one of our California associations. It's there, all right! True, certain areas may have more or less tuberculosis than others.

Here is a good place to point out that health education is not something apart from other phases of an Association's program. A tubercu-

losis Association's major function is health education. Health education is part and parcel of all the Association's activities, from answering the telephone to writing to the President of the United States.

Statistics, which reveal which of the areas have the most tuberculosis, are part of health education. These figures are the ones we take to the leaders in that portion of the city or county to arouse their interest in the setting up of a health-education program.

We show those leaders the necessity for telling the people in that area that tuberculosis is a threat to them and their loved ones.

These leaders may be individuals or they may be groups. Here again a little research will get us started in the right path. A little reading of the local newspaper; a little listening in social gatherings and a little observation will reveal which individuals, and which clubs and lodges and churches, are the ones who get things done in the community.

The use of others is sometimes hard to learn, but they must be used because you cannot do the job alone, and because of a good health-education program must be based on community participation.

PUBLIC AGENCIES AND HEALTH EDUCATORS

That community participation does not exclude the public agency. There seems to be some resistance in some parts of the State to the idea of a public agency having a health educator on the staff. Yet health education is a part of the public agency job just as much as immunization or rat-proofing. The late Dr. Horton Casparis once said, in discussing the tuberculin testing of small children, "When you stick baby, you stick the whole family." The whole family will remember why something is being done if the reasons are given at the time. Health departments hire people to teach the community how to rat-proof buildings; why not, then, hire someone to teach the public to "tuberculosis-proof" or "diphtheria-proof" or "rickets-proof" a child?

However, the health educator must not be a "publicity man" for the health officer. He or she must be a "publicity man" for health, and he will use the medical profession, the nurses, the dentists, the clergymen just as the voluntary agency does. He will use the Boy Scouts and the Camp Fire Girls and the Epworth League, the Baptist Young People's Union and the Catholic Youth Organization to spread the facts the health department has, which will prevent disease, lower the death rate and increase the physical and mental vigor of the people it serves.

Fatigue spans the arch between health and disease. We know that artificially exhausted animals are more susceptible to pneumonia—that tuberculosis is in part a fatigue problem.—M. Z. Gross, *Hygeia*, October, 1942. —*Tuberculosis Clip Sheet*, July, 1944.

* From the Los Angeles County Tuberculosis and Health Association.

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